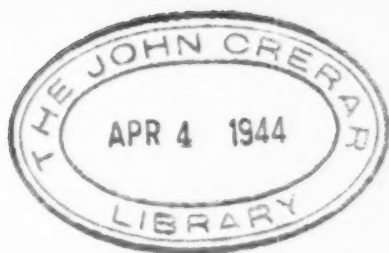


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*Autonomy for  
Dentistry. Page 17*



*The Fortnightly*  
**REVIEW**  
**OF THE CHICAGO DENTAL SOCIETY**

*April 1, 1944*

*Volume 7 • Number 7*

**A**  
**Century**  
**1844 1944**  
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**Adapts the Patient to the Denture**



# *The Fortnightly* **REVIEW**

**OF THE CHICAGO DENTAL SOCIETY**

*Number 7*

*April 1, 1944*

*Volume 7*

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# THE CALENDAR

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- April 3rd:** **North Side Branch:** Regular monthly meeting to be held at the Edgewater Beach Hotel. Dr. August Mueller, Clinic Chairman, has arranged an "All Clinic" evening. The scientific program will be preceded by dinner at 6:30 and election of officers.
- April 4th:** **South Suburban Branch:** Regular monthly meeting to be held at the Elks' Club, Harvey. Dinner at 6:30 followed by Dr. Stanley Tylman's discussion of "Facial Prosthesis and Resilient Resins." Dr. Tylman will also show moving pictures of his South American trip.
- April 4th:** **Kenwood-Hyde Park Branch:** Regular monthly meeting to be held at the Del Prado Hotel. Dr. Stanley Clark will discuss "Sulfa Drugs in Dentistry." Dinner at 6:30; meeting at 8:00 p.m. Dr. W. R. Eberle will present a clinic on "Zonite" and Dr. R. M. Morange on "A B C D Vitamins—Indications and Dosage."
- April 10th:** **North Suburban Branch:** Regular monthly meeting to be held at the Orrington Hotel. Dinner at 6:30; meeting at 8:00 p.m. Election of officers will be held.
- April 11th:** **Englewood Branch:** Regular monthly meeting to be held at the Hayes Hotel. Dinner 6:30; meeting 8:00 p.m. Speaker: Dr. Kenneth Penhale will speak on "Traumatic Injuries of the Maxilla and Mandible." Call Dr. John Lace for reservations, Pullman 4303.
- April 11th:** **West Suburban Branch:** Final meeting of the year at the Oak Park Club. Dinner at 6:30. Reservations must be made in advance through Dick Anderson, Mansfield 9122. Commander Gruenwald and his staff from Great Lakes Naval Training Station will present a program on "Prosthetics at Great Lakes." Installation of officers and a social program will conclude the evening.

# *The Fortnightly* REVIEW

*of*  
THE CHICAGO DENTAL SOCIETY

*April 1, 1944*

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## Motion Pictures to Furnish Entertainment At April Monthly Meeting

Getting away from the usual run-of-the-mine performance, the April monthly meeting will feature a full length motion picture program. The meeting will be held in the Red Lacquer Room of the Palmer House, Tuesday evening, April 18. Captain J. A. Tartre, Senior Dental Officer at Great Lakes Naval Training Station, is responsible for this novel attraction. He has previewed each picture, some of which are brand-new and fresh from the Navy Department's extensive collection. Others were shown during the Midwinter Meeting, to a limited number of people, and met with such a favorable reception that they are being repeated.

"Oral Surgery Procedures" is the subject of the first picture to be shown. This is in technicolor and was produced by the Naval School of Medicine, Washington, D. C., for teaching purposes. It runs thirty-five minutes and is replete with helpful hints for the man in general practice. This film was shown on the motion picture program at the Midwinter Meeting and its inclusion here is by popular demand. "Navy Men of Medicine," produced by March of Time in conjunction with the Navy Department, depicts the activities of the medical and dental personnel on land and sea. This is a sound picture and runs twenty minutes. It has its exciting drama as well as being of high educational value. The last picture of this series is a short one

entitled, "Extra-Oral Fixation of the Mandible." It describes the Roger Anderson technic step by step and runs but twelve minutes. Briefly put, the only indication for use of this method in the mandible is the control of fragments when teeth are absent or do not afford adequate attachment for intra-oral appliances. It should not replace the regular methods of intra-oral fixation when teeth are available, because the very exact occlusal relationships demanded when teeth are present cannot be assured by any other methods than those depending on teeth for their attachment.

As the climax to the evening's program, Captain Tartre has picked the film, "Enemy Japan." Former Ambassador Grew is the commentator, which assures authenticity. He, it will be remembered, tried to warn the people of the United States that Japan was preparing for war long years ago. But his was a voice crying in the wilderness and few there were who believed him. The picture has its beginning in Pre-war Japan. It graphically depicts the characteristics of the common people and shows their economic status. It covers the activities of the war lords and their dream of empire, and takes in the whole expansion program. Numerous scenes have been added to the original picture to bring it up to date. All in all it's an evening's entertainment in itself.—*James H. Keith.*

# Remember Senate Bill 402 Was Defeated

## Sudden Opposition in House Rejected Important Legislation

A bill was introduced into the State legislature at its last session to amend the Dental Practice Act. In the opinion of organized dentistry the bill, known as Senate Bill 402, was designed primarily to protect the public and would have curbed the unethical practices of certain commercial laboratories in advertising directly to the public. This bill had the approval of the Department of Health of the State of Illinois, the Department

of Registration and Education and the Dental Laboratory Association. It received unanimous support in the State Senate but was subsequently defeated in the House of Representatives.

For the information of members of the dental profession in view of the coming primary election, April 11, the names of the legislators who voted for and against the cause of dentistry are published below :

Senate Chicago Area		
<i>Name</i>	<i>District</i>	<i>Address</i>
Barry, Norman C.	Twenty-first	113 N. Homan Blvd., Chicago
Bidwell, Arthur J.	Seventh	1403 Bonnie Brae, River Forest
Butler, Walker	Thirteenth	1513 E. 66th Pl., Chicago
Connors, William J.	Twenty-ninth	232 E. Walton St., Chicago
Daley, Richard J.	Ninth	3536 Lowe Ave., Chicago
Dowd, Lawrence E.	First	636 S. Michigan Ave., Chicago
Huckin, Frank J., Jr.	Twenty-fifth	4305 Milwaukee Ave., Chicago
Keane, Thomas E.	Twenty-third	1049 N. Sacramento Ave., Chicago
Kielminski, Peter P.	Fifteenth	1902 S. Ashland Ave., Chicago
Knox, William G.	Sixth	1615 Chase Ave., Chicago
Lee, John M.	Eleventh	7947 S. Ada St., Chicago
Libonati, Roland V.	Seventeenth	925 S. Halsted St., Chicago
Marovitz, A. L.	Nineteenth	1323 Independence, Chicago
McDermott, Frank	Fourth	2230 Garfield Blvd., Chicago
Mills, George D.	Fifth	5338 Cornell Ave., Chicago
Mondala, Stanley J.	Twenty-seventh	1554 W. Thomas St., Chicago
Ryan, Frank	Second	1307 S. California Blvd., Chicago
Smith, Milton D.	Thirty-first	2300 Lincoln Park West, Chicago
Wimbish, Christopher C.	Third	4203 S. Michigan Ave., Chicago

Downstate		
<i>Name</i>	<i>District</i>	<i>Address</i>
Armstrong, George C.	Forty-eighth	Lawrenceville
Baker, Charles W.	Tenth	Davis Junction
Barr, Richard J.	Forty-first	Cherry Hill, Joliet
Beckman, Louis E.	Twentieth	1285 Cobb Blvd., Kankakee
Benson, Arnold P.	Fourteenth	Batavia
Benson, O. E.	Thirty-ninth	311 Guthrie St., Ottawa
Carpentier, Charles F.	Thirty-third	256 16th Ave., East Moline
Cash, Wilbur J.	Twenty-sixth	Towanda
Collins, Dennis J.	Thirty-fifth	DeKalb
Crisenberry, R. G.	Forty-fourth	328 N. 11th St., Murphysboro
Dick, Frank J.	Thirty-sixth	1254 Park Pl., Quincy
Flagg, Norman G.	Forty-seventh	Moro
Fribley, John W.	Fortieth	Pana

Gunning, Thomas P.\*  
 Howell, J. Will  
 Hubbard, Nicholas L.  
 Lantz, Simon E.  
 Laughlin, Edward E.  
 Lee, Clyde  
 Lohmann, Martin B.  
 Luckey, Hugh M.  
 Lyons, R. W.  
 MacDowning, T.  
 Madden, Thomas E.  
 Menges, Louis J.  
 Miller, Rice W.  
 Paddock, Ray  
 Parish, John J.  
 Peters, Everett R.  
 Searcy, Earl B.  
 Thompson, Wallace  
 Van Hooser, Arthur  
 \*Deceased

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Princeton  
 West Frankfort  
 Mt. Pulaski  
 Congerville  
 316 E. Jefferson St., Freeport  
 1501 Pace Ave., Mt. Vernon  
 630 S. 11th St., Pekin  
 Potomac  
 Oakland  
 Macomb  
 607 Peoria Ave., Peoria  
 R.R. 4, Edgemont Sta., East St. Louis  
 Hillsboro  
 Wauconda  
 515 S. Polar St., Centralia  
 St. Joseph  
 1330 Lowell Ave., Springfield  
 Galesburg  
 Metropolis

### House of Representatives Chicago Area

For

Name	District	Address
Adduci, James J.	Second	728 S. Ashland Blvd., Chicago
Cilella, Alfred J.	Seventeenth	725 W. Taylor St., Chicago
Euzzino, Andrew A.	Seventeenth	917 W. Arthington St., Chicago
Gorman, John J.	Nineteenth	4109 W. Van Buren St., Chicago
Keller, Nick	Eighth	N. Sheridan Rd., Waukegan
Kosinski, Stanley R.	Twenty-fifth	5774 Lawrence Ave., Chicago
Kuklinski, John	Twenty-seventh	1813 W. Armitage Ave., Chicago
Lee, Noble W.	Fifth	5541 S. Woodlawn Ave., Chicago
Marzullo, Vito	Second	613 S. Leavitt St., Chicago
McCabe, Edward J.	Twenty-first	4928 Washington Blvd., Chicago
Mueller, Jacob A.	Twenty-fifth	4014 N. Leamington Ave., Chicago
Novelli, Frank	Seventeenth	830 W. Arthington St., Chicago
O'Neill, Lottie H.	Forty-first	Downers Grove
Rategan, Joseph L.	Twenty-first	4831 Washington Blvd., Chicago
Ryan, James J.	Second	312 S. Ashland Blvd., Chicago
Ryan, John G.	Thirteenth	1530 E. 83rd Pl., Chicago
Saltiel, Edward P.	Thirty-first	3318 N. Lake Shore Dr., Chicago
Sandquist, Elroy C.	Twenty-fifth	4239 N. Whipple St., Chicago
Schnackenberg, Elmer J.	Thirteenth	6936 S. Euclid Ave., Chicago
Shannon, Pierce L.	Thirty-first	915 Buena Ave., Chicago
Swanson, David I.	Eleventh	7842 S. Marshfield Ave., Chicago
Thon, William G.	Twenty-third	432 S. Lombard Ave., Oak Park
Van der Vries, Bernice	Seventh	439 Maple Ave., Winnetka
Virkus, Frederick A.	Seventh	350 Blackstone Ave., La Grange
Williston, George A.	Thirty-first	1245 Early Ave., Chicago

### Against or Not Voting

Armstrong, Stanley C.	Sixth	1918 W. Henderson St., Chicago
Ashcraft, Alan E., Jr.	Sixth	731 Forest Ave., Evanston
Auth, A. L.	Twenty-seventh	1100 W. Van Buren St., Chicago



Berman, Louis G.  
 Boyle, John F.  
 Davis, Corneal A.  
 Finucane, William S.  
 Flanigan, Daniel M.  
 Franz, Matt D.  
 Gormley, William J.  
 Greene, Ernest A.  
 Halick, Stanley A.  
 Hannigan, Michael E.  
 Houcek, Frank  
 Hruby, John O.  
 Jenkins, Charles J.  
 Jezierny, Peter P.  
 Kaindl, Arthur M.  
 Kelsey, Harold D.  
 Kluczynski, J. C.  
 McAvoy, Walter  
 McGrath, Emmett  
 Nelson, Ragnar G.  
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 Skarda, Edward  
 Smith, Fred J.  
 Warfield, William J.  
 Weber, Charles H.  
 Woodward, Robert M.  
 Zientek, Joseph

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5454 S. Shore Drive, Chicago  
 4716 S. Wells St., Chicago  
 3223 S. Calumet Ave., Chicago  
 2912 S. Loomis St., Chicago  
 120 E. Cermak Rd., Chicago  
 1720 S. Halsted St., Chicago  
 3359 S. Western Blvd., Chicago  
 3135 S. Parkway, Chicago  
 1216 N. Maplewood Ave., Chicago  
 6646 S. Honore St., Chicago  
 5706 W. Cermak Rd., Cicero  
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 4127 S. Prairie Ave., Chicago  
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 6039 S. California Ave., Chicago  
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 400 Kensington Ave., Chicago  
 3020 S. Parnell Ave., Chicago  
 69 E. Cedar St., Chicago  
 1425 W. Grand Ave., Chicago  
 1924 W. Armitage Ave., Chicago  
 629 N. Wells St., Chicago  
 1901 W. 51st St., Chicago  
 1314 W. 19th St., Chicago  
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 704 E. 50th Pl., Chicago  
 2922 Southport Ave., Chicago  
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 2001 W. 18th St., Chicago

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 Caton, Homer  
 Clabaugh, Charles W.  
 Creighton, Charles W.  
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 Edwards, W. O.  
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 Franz, Charles D.  
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 502 Vermont St., Urbana  
 1419 N. Franklin St., Danville  
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 224 Peoria Ave., Peoria  
 Jacksonville  
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 5224 East Dr., Rockford  
 542 S. Second St., Springfield  
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 Smith, J. Ward  
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 Vicars, William  
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 White, J. M.  
 Wood, Warren L.

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 270 High St., Aurora  
 Ottawa  
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 711 S. Vermillion, Pontiac  
 Vandalia  
 11 Juanita Pl., Belleville  
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### Against or Not Voting

Allison, Robert H.  
 Bingham, John A.  
 Bolger, Thomas A.  
 Brands, A. A.  
 Branson, R. J.  
 Broyles, Paul  
 Brydia, George S.  
 Butler, Homer  
 Carpenter, Rollie C.  
 Crowley, Leo D.  
 Cutler, Reed F.  
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 Dinneen, Dan  
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 Mundy, J. S.

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1015 Bacon St., Pekin  
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 Ladd  
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 1113 Floral, Joliet  
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 Murphysboro  
 309 S. Purnyn St., Salem  
 Belleville  
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 Marshall

(Continued on page 26)

# QUESTIONS AND ANSWERS

## WHAT THE GENERAL PRACTITIONER SHOULD KNOW ABOUT ORTHODONTIA

ALLAN G. BRODIE, D.D.S., Ph.D., Professor and Head of Department of Orthodontia, University of Illinois College of Dentistry, Chicago

### *Question:*

What are the classifications of malocclusion? Briefly describe each.

### *Answer:*

There are only two classifications in use in this country today, viz., the Angle Classification and the Simon. The latter would not be apt to be employed by the general practitioner since it requires considerable special apparatus. It is sufficient for the present purpose to say that it attempts, by anthropological means, to relate the dentition to the head.

The Angle Classification is based upon the relationship assumed by the lower teeth to the upper upon eruption. The starting point is the maxillary first permanent molar which, in the absence of mutilation of the deciduous denture, is presumed to take a normal position in relation to the middle and upper face and to the cranium. The mesio-distal relationship assumed by the lower first permanent molar to the upper is thus reduced to three possibilities, viz., (1) normal, (2) distal, (3) mesial. These constitute the three major classes of malocclusion. It should be noted that buccolingual relations are ignored.

**Class I:** These cases embrace a wide variety of conditions but exhibit the one common characteristic of normal mesiodistal relation of the first permanent molars.

**Class II:** In these cases the mandibular arch is more than one half of a cusp distal to the normal relationship. Such cases tend to divide themselves

into two very distinctive divisions so far as the anterior teeth are concerned. In some, the upper arch is relatively narrow and the upper anterior teeth appear protruded. This is called Class II Division I malocclusion. It is generally associated with mouth breathing. In the other division of Class II cases the upper arch is more normal in width and the upper anteriors are retruded and frequently jumbled. This is called Class II Division II. In both Divisions of Class II the overbite is excessive, the lower incisors striking the mucosa of the palate.

**Class III:** In these cases the mandibular arch is more than one-half cusp mesial to the normal relationship giving the lower face a heavy protrusive appearance.

If the malrelationship of the molars is present on only one side the word "subdivision" is added to the classification. Thus there may be cases of Class II Division I, Subdivision, Class II Division II, Subdivision, or Class III, Subdivision. Obviously there can be no Class I Subdivision.

### *Question:*

What constitutes a functional occlusion?

### *Answer:*

Probably no two practitioners could agree on an answer to this question because of the differences in the values they would assign to the various factors involved.

At one extreme we would have those who would maintain that any arrangement of the teeth that would permit a patient to handle a modern human diet without dying of gastrointestinal disorders

\*Presented at Midwinter Meeting, Chicago Dental Society, February 21-23, 1944.

would constitute a functional occlusion.

At the other extreme would be those perfectionists who would insist that the teeth not only present a perfect interdigitation of cusps, normal contact point relations, normal degree of overbite but a pleasing appearance as well. Thus a single standard could not be set up for a functional occlusion.

Probably the most acceptable definition that could be given would be something like this: A functional occlusion should be the best occlusion that can be obtained for a patient within the limits of his or her inherited type, condition of dental structures and constitutional health.

*Question:*

What consideration, if any, is given the frenum labium, in those cases where it is the cause of separation of the central incisors?

*Answer:*

In the first place, it must be determined that the frenum is actually the cause of the separation. A space between the upper central incisors is a frequent phenomenon of the mixed dentition. It arises through the fact that the growth of the alveolar process is a little ahead of the eruption schedule of the teeth. It is therefore difficult to determine whether the frenum is the effective agent before the completion of the descent of the permanent maxillary canines.

If a space remains after this time and if all other contacts are closed it may be assumed that the frenum is at fault. In such cases the central incisors should be brought together by means of a simple orthodontic appliance. (Rubber elastic traction should never be used.) This will result in a "balling-up" of the mid-line interproximal tissue. The centrals should then be released for about twenty-four hours from the force that has brought them together. This permits a certain degree of relapse with a consequent respacing. Now the interproximal tissue should be carefully dissected away, either surgically or by cau-

tery, care being taken to remove the frenum from well to the palatal side to well on the labial side. The epithelial edges should be sutured if the excision has been made surgically and the teeth once more tied firmly together, this time for a period of weeks.

True frenum separations are relatively rare, the author having seen only one operable case in eighteen years.

*Question:*

In what type of case is orthodontic treatment indicated in deciduous dentitions?

*Answer:*

There is considerable difference of opinion among orthodontists on this question. In the author's opinion the two outstanding types of cases that should be treated as early as possible are the Class III, or protruding lower jaw, and the completely inlocked mandible. The latter is frequently a Class II malocclusion but its distinguishing characteristic lies in the total lack of occlusal contacts between upper and lower arches. The buccal surfaces of the lower buccal teeth approximate the lingual surfaces of the maxillary buccal teeth when the jaws are closed. This permits an overclosure of the jaws during function and, by crowding the tongue back, sets up a gagging reflex. Such patients have difficulty with anything but a soft or liquid diet.

These same conditions should be corrected in the mixed dentition if they are first seen then and in addition there is another which only occurs upon eruption of the permanent incisors. This is the type of case where one or more of the upper incisors is caught to the lingual of its antagonist. This type of bite will almost invariably lead to a gingival recession on the labial side of the lower incisor that is involved, even in very young children.

*Question:*

What is the rural dentist's obligation over and above that of the city dentist

in regard to orthodontic advice and treatment?

*Answer:*

Personally I cannot see that his obligation is in any way different from that of the city practitioner. In both cases it is an obligation to see that the patient receives good treatment just as it would be in the case of surgery, obstetrics or ophthalmology. The rub comes in the fact that the medical course lays a good foundation for the latter three special services while the dental course contributes very little toward a foundation for orthodontia. The country doctor or the country dentist has the same training and background as his city colleague but he is frequently forced to work under less favorable circumstances and is hence sometimes more resourceful.

One would imagine that the country dentist, having no specialists to refer his cases to, would attempt to treat more malocclusions than the city dentist. Just the opposite is true. I have asked men in every small rural society before which I have talked whether they took any orthodontic cases and their answers were all much alike. "Emphatically 'no,' I do not dare take a chance on 'messing up' a case. In a small place like this the news of it would spread like wild fire and ruin my reputation." Another strong piece of evidence lies in the fact that there is less demand for orthodontic speakers in small rural societies than for any other lecturer.

I see no hope for the correction of these conditions in the near future. Unless the dental curriculum can be altered to serve as a better foundation for orthodontia the proper practice of this field will have to depend on postgraduate or graduate study. Groups of rural dentists, however, could provide good service for their patients by delegating one of their number, who is most interested, to obtain thorough training upon the understanding that the group would support him upon his return. This may sound Utopian, but actually it was a widely practiced procedure here in Illinois fifty

years ago and rural medicine, with its group clinics, is coming to it more and more.

*Question:*

What mental preparation of the patient will assist the orthodontist to best advantage in handling a referred case?

*Answer:*

I do not believe any specific preparation is necessary. There are several things that should be avoided, however. As long as you are referring the case to someone else, do not express too many convictions about it yourself. For example, do not venture such statements as, "This is a simple (or complicated) case." "This case should be started immediately." "Such and such will have to be done in this case." The patient will almost invariably fail to tell the orthodontist that such an opinion has been expressed by the referring dentist until after the orthodontist has completed his records and given his opinion. Then if it develops that the two opinions differ, doubt is cast on the knowledge of one or the other operator—usually that of the general practitioner, since the specialist is presumed to be better informed on this particular phase of practice.

In any preparation of the patient every means should be employed to convey the correct impression of the relationship between the three parties, viz., the referring dentist, the patient and the orthodontist. A simple statement of this relationship would be as follows: "I believe the teeth of your daughter Mary should be straightened, and since I do not include this service in my practice, I should like to refer you to someone who has had special training and experience in it. He will probably wish to take certain preliminary records before he expresses a final opinion, but he will then tell you what the treatment will entail in terms of appointments, time and fee. He will have complete charge over all orthodontic work but I shall continue to take care of her dental work and we will consult



together whenever it is necessary."

Avoid making guesses or estimates of what the orthodontist's fee will be—let him worry about that. The days of staggering fees are gone and your estimate, based on hearsay evidence, may embarrass you.

*Question:*

What answer can the dentist give when this question is asked? "Mary's teeth were nice and straight when the orthodontist finished, now they are crooked, why?"

*Answer:*

Ask the man who straightened them.

*Question:*

Are certain types of malocclusion more serious to the well-being of the patient than others?

*Answer:*

Yes, those that inhibit or limit normal function are more serious than those which do not. The most prevalent of these are the conditions which make mouth breathing necessary, since mouth breathing predisposes to respiratory disorders. This is particularly true in a city like Chicago where the atmosphere is saturated with dust and soft coal particles. A nose breather filters such air before taking it into the lungs—the mouth breather does not.

Reference has already been made to those conditions which lead to stripping of the labial gingival tissue. This would affect the local health of the mouth.

Then there is the matter of mental health and it is here that orthodontia probably does most for the patient. The boy who is made to suffer the taunts of his playmates because of his "buck" teeth and the girl who becomes a wall-flower for the same reason, must be looked upon as sick people. Their outlook on the world is frequently warped and their reactions are similarly affected.

*Question:*

What preventive measures, relative to

caries, can be employed during orthodontic treatment?

*Answer:*

The association of caries to orthodontic treatment goes back to the days when arches lay in contact with naked tooth surfaces and wires, running interproximally, held the arch in place. With the advent of multiple, cemented bands the incidence of caries has dropped to the place where it becomes a matter of good technique on the part of the orthodontist and good hygiene on the part of the patient. A lack of either of these two, however, still makes the orthodontic patient more susceptible to caries than the child who is not encumbered by braces.

The responsibility of guarding the child during treatment in this regard must be laid at the door of the orthodontist. He must check his bands at each appointment to see that none is loose and he must instruct the patient in the technique of keeping both teeth and appliance scrupulously clean. Further than this he must see that his orders are obeyed or else remove his appliance. He should call the patient's attention to any suspicious areas which might indicate beginning caries and refer him to his dentist for final check.

*Question:*

Can the vertical dimension be successfully increased?

*Answer:*

Before answering this question it is necessary to define "vertical dimension." It is usually thought of as a height of the face with the teeth in occlusion. But this is not the true vertical dimension. The true vertical dimension is the height of the face with the mandible at its physiological rest position and the teeth apart. The space between them is normally  $2\frac{1}{2}$ -3 mm. In some cases, however, the jaws at rest will be found to be separated by as much as  $\frac{3}{8}$ ". In such cases the teeth may be elevated to within the normal  $2\frac{1}{2}$ -3 mm. with success.

(Continued on page 16)

# EDITORIAL

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## PRICELESS PUBLICITY

During the week of March 20, thousands traveling north along Michigan Boulevard and the Outer Drive watched the moving illuminated words on the huge Canadian Club sign at the north end of Grant Park spell a message on dental health. This was the message: "This is dental health week. . . . War-time efficiency requires physical fitness. . . . That includes dental health. . . . How about your teeth? . . . Better check up." The good that will accrue from this publicity cannot be measured, it remains intangible, but many who faced and read that sign must have been struck with the importance of dental health and will be motivated to improve theirs. The Dental Hygiene Institute, the Chicago Dental Society and everyone interested in the public welfare owes a sincere *Thank You* to Hiram Walker Inc., for the donation of its attractive advertising facility during Dental Health Week.

## DENTAL RESEARCH POPULAR

A sign that speaks well for the future of dentistry as a profession is the ever increasing interest in dental research. The International Association for Dental Research held its twenty-second annual meeting recently in Chicago. The attendance at this meeting exceeded all those previous, despite travel difficulties and the loss of many young dentists interested in research to the Army and Navy Dental Corps. The ten to fifteen minute research reports given at this meeting merited the careful attention they received.

Dr. Allen T. Newman, who presided over the meeting of the American Association of Dental Schools which followed immediately the convention of the Research Association, in his presidential address emphasized that dental research is a responsibility of every dental school and should be an integral part of its daily program. He also pointed out that it is unfair for dental educators to draw from the findings of basic research without them in turn also contributing to new knowledge. At the 1944 Midwinter Meeting of the Chicago Dental Society subjects of a research nature were very well attended, to the surprise of many. The interest being shown in dental research indicates that increasing numbers in the profession realize the importance of scientific investigations and desire to be informed of the new knowledge developed. Their attendance gives encouragement to the researchers.

## DEPARTMENT OF REGISTRATION AND EDUCATION ALERT

Mr. John F. Tyrrell, who is the attorney for the Department of Registration and Education of the State of Illinois, appeared before the Board of Directors of the Chicago Dental Society at one of its recent meetings to explain the working of the Department in the prosecution of certain violators of the Dental Practice Act. Mr. Tyrrell showed an amazing understanding of the dental aspects of the problems involved and gave every indication of competence in the management of his duties. A confident feeling developed among those present that under the direction of Hon. Frank G. Thompson, Director of the Department of Registration and Education, and Mr. Tyrrell the best interests of the public in this state will be served, which is what organized dentistry desires.—*Robert G. Kesel.*

# NEWS AND ANNOUNCEMENTS

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## OFFICERS FOR 1944 NOMINATED

Only one petition nominating candidates for the 1944-45 term of office in the Chicago Dental Society has been filed with the Secretary. According to Article IX, Section 2, of the Constitution and By-Laws, all nominating petitions must be submitted not later than the thirty days prior to the annual election. Therefore the following candidates will be the only ones considered. President, Harold W. Oppice; President-Elect, Joseph B. Zielinski; Vice-President, Robert I. Humphrey; Secretary, Harry A. Hartley; Treasurer, James H. Keith.

## S O S TO BE DISCUSSED AT APRIL MEETING

Save Old Scrap is the slogan which has been adopted by the Dental Scrap Salvage Committee to assist in the promotion of the campaign it is now conducting. Mr. J. G. Sheldon, Executive Secretary of the Salvage Division of the War Production Board for the Chicago metropolitan area, will discuss the necessity for saving every bit of scrap and will outline the plan for its collection at the April 18 meeting of the Society. It is rumored that the Scrap Salvage Committee, the chairman of which is Jerry Wilher, may require a contribution to the scrap barrel for admission to this meeting.

## RED CROSS DRIVE FOR DENTISTS UNDERWAY

The Chicago Dental Society is actively participating in the campaign to raise a \$12,000,000 Red Cross War Fund for the Chicago chapter. The chairman of the committee, Robert I. Humphrey, explains that organized dentistry is expected to make a sizeable contribution. Donations are being received from Americans

who are now prisoners of war because they are in a position to appreciate the service which the Red Cross renders. Dr. Humphrey cites Lt. Col. James P. S. Devereaux, Marine Corps hero of Bataan and Corregidor, who is held prisoner by the enemy in Shanghai as an example. Col. Devereaux wrote his son, Pat, as follows: "Tell your grandmother to take \$100 and get a life membership, in my name, in the American Red Cross." Capt. Irving J. Yorock, a prisoner in Germany, wrote his father: "The Red Cross took care of us with clothes and necessities. We have regularly received Red Cross prisoners of war food packages. I have received fourteen parcels so far. Dad, will you write a check with my name and send it to the Red Cross? About \$100, I guess."

Dr. Humphrey believes that statements such as these should motivate the dentists on the home front to contribute generously.

A subcommittee has been appointed for each branch society to be in charge of the drive in that district. The chairmen are as follows: Englewood, Milton Cruse; Kenwood-Hyde Park, Willard Johnson; North Side, Harold W. Oppice; Northwest, Glenn E. Cartwright; North Suburban, James H. Keith; South Suburban, Lloyd G. Bettenhausen; West Side, Joseph F. Porto; West Suburban, A. C. Kunch.

## SYMPOSIUM ON RECENT ADVANCES IN NUTRITION

Dr. Isaac Schour, Director of the Stomatology Seminar at the University of Illinois, is arranging a series of lectures on recent advances in nutrition. The various phases of nutrition will be discussed on a more or less non-technical basis by lecturers who are authorities in their respective fields. The formal lectures will consume forty-five minutes so that the final fifteen minutes of the hour

# NEWS AND ANNOUNCEMENTS

can be used for questions and informal discussion. Interested members of the Chicago Dental Society are welcome to attend. The lectures will be given from 1 to 2 p.m. on the tenth floor of the Dental Building at 808 South Wood Street. The first of the series will be April 17 and will be given by Dr. H. G. Poncher, Professor of Pediatrics at the University of Illinois. His subject is "Introduction to the Functions and Qualitative Requirements of a Diet." On April 24, Dr. A. C. Ivy, Professor of Physiology at Northwestern University, will discuss "Physiology of Digestion." The lectures following in this series will be announced at a later date.

## **SULFA DRUGS SUBJECT OF KENWOOD-HYDE PARK MEETING**

Dr. Stanley Clark will discuss the use of the sulfonamide drugs in dentistry at the monthly meeting of the Kenwood-Hyde Park branch on April 4, at the Del Prado Hotel. Following his discussion table clinics will be given by a group of dentists who have had considerable experience in the use of the various drugs. They include: Drs. Warren R. Schram,

Russell G. Boothe, Sylvester S. Metcalf, Herbert M. Phillips, Jr., and Earl T. Enright.

## **CHICAGO DENTAL ASSISTANTS MEET APRIL 13**

The Chicago Dental Assistants' Association will hold a meeting in the Pittsfield Building, Room 529, on Thursday, April 13 at 8 p.m. Sam Campbell, known as the Philosopher of the Forest, will be the speaker and his lecture is sponsored by the Chicago & North Western Railway.

On Sunday, April 16, the assistants will make their annual visit to the Illinois Crippled Children's Hospital located at 905 South Wolcott Avenue.

## **DR. HARRY FINKLESTEIN**

Dr. Harry Finkelstein died of a heart attack on March 7 in his home, 3821 North Spaulding Avenue. Dr. Finkelstein, who was graduated from the Chicago College of Dental Surgery in 1918, was a member of the West Side branch of the Chicago Dental Society. He is survived by his widow, Rebecca, three sons and two daughters. Interment was at Jewish Waldheim.

## **QUESTIONS AND ANSWERS**

*(Continued from page 13)*

### **Question:**

What is the acceptable age limit for adult orthodontia?

### **Answer:**

There is no chronological age limit. The limitation is set by the physiological conditions of the periodontium and bone. Some cases at forty are better risks than others are at twenty. Thin, poorly trabeculated bone is a poor risk at any age while dense, well trabeculated and calcified bone always seems to respond well.

### **Question:**

Discuss the general practitioner's duty and obligation to the patient relative to orthodontia.

### **Answer:**

I believe it is the dentist's duty to be able to recognize deviations from the normal in the developing and in the developed denture. This means that he should know the normal occlusion of the teeth, approximately when the teeth should appear, both radiographically and in the mouth, the different classes of malocclusion and the effects that may accrue from bad habits.

I believe his obligation is discharged when he calls the patient's attention to any condition he feels should be taken care of and refers the patient to a capable orthodontist if he does not care to handle it himself.

## PRESENT STATUS OF DENTISTRY IN THE ARMED FORCES: A REPORT FROM THE COMMITTEE ON LEGISLATION\*

*Editor's Note: At the request of the Legislative Committee, of the American Dental Association we are publishing below an abridged version of a report from the Legislative Committee. The full text of this report can be found in the Journal of the American Dental Association indicated in the footnote.*

THERE has been much discussion of the present status of the dental corps in the armed forces, and some difficulties have arisen because of misstatement and misinterpretation of the facts in the case. The Committee on Legislation of the American Dental Association presents in the following statement a summary of the facts and of the record. . . .

### PRELIMINARY STATEMENT

As a preliminary to the details of the committee's report, certain statements should be made in the interests of a better understanding of some of the problems.

The Committee on Legislation is deeply interested in the final solution of problems that confront dentists in the armed forces, but also recognizes the value of an informed and orderly approach. Definite advances have already been made and more will be made in the future, but the task of overcoming long-standing ignorance and prejudice is not one that can be accomplished in a single day. This is merely one more of the problems—and an important one—that dentistry must solve in its evolution as a profession.

The profession of dentistry, as a unit, has no hesitation in serving under a surgeon general who is a member of the profession of medicine. This plan, dictated by the close association of dentistry and medicine in the interests of general health, is satisfactory. Members of the Association, in and out of the armed forces, therefore, have been ready to recommend improvement in the rank and authority of the Surgeon General. On the other hand, dentistry feels that it has a right to approach him directly in an official man-

ner on problems that concern the profession.

Many of these problems that confront dentists in the armed forces have arisen from the fact that civilian practice is individualistic. The dentist himself has the final voice in decisions and procedures of practice. In the armed forces, however, it is of the utmost importance that this individualism be made secondary to the effective action of the Dental Corps as a military unit. This demands the establishment of military regulations and discipline, both of which are essential to the organization and maintenance of an effective military unit. Many dental officers, for example, are dissatisfied with the advancement that they receive in the services. Such advancement is not based upon a haphazard and arbitrary program, but upon a complex policy that limits the number and frequency of promotions in all branches of the service. Changes in this policy in the interests of dentists and their work have been made and will continue to be made, but it is important to remember that such changes are not readily brought about and are made by the authorities only when they are compatible with the best interests of the services at large. Many dentists, to cite another example, feel that they have been assigned to positions not related to their experience and abilities. This also is a problem on which progress has been made, but it is also one, to be plain spoken, that will never be solved entirely because it involves the opinion of the individual and the urgent necessities of the military program. . . .

### AUTONOMY IN THE DENTAL CORPS OF ARMED SERVICES

With this preliminary statement as a background, the much-debated subject of autonomy for the Dental Corps of the armed services can be examined. Autonomy may be defined as the power, right or condition of self-government or, in its secondary meaning, as practical independence with nominal subordination. This definition is important since it provides the basis for a better understanding of a much misunderstood subject.

Dentistry had a long and difficult road to travel in demonstrating to the medical profession and other groups that it was worthy

\*Sterling V. Mead, Washington, D. C., Chairman.  
Reprinted from the Journal of the American Dental Association, Vol. 31, Pages 270-277, February, 1944.



of recognition as an authentic health service. Today, dentistry is recognized as an essential factor in health service. From its very beginning as a profession, dentistry has been autonomous. It has, however, maintained close and consistent relations with the other health service professions. Through the years, dentistry has developed its own system of education, its own program for dental health, its own state board and licensing system and its own regulatory legislation. In many other ways, it has been separate from the practice of medicine. There is every reason to believe that this position is not only highly desirable, but also unassailably permanent.

The theory is often presented in the armed forces that dentistry is a part of medicine. In view of the historical record, there seems to be little justification for such an unmodified sentiment. There is still less justification for its use as an argument that dental practice should be dominated by medical practice. In civil life, there is a very distinct separation of medical and dental organization. Usually, the dentist, as such, is not given a footing of equality in the medical society or study group; or, if he is admitted, it is usually on the basis of associate membership with no real voice in the affairs or conduct of the society.

In military life, if dentistry is a part of medicine, why is the dental officer who is the senior of the medical officer not permitted to be the head of the medical department? Why is the dental officer not permitted to hold any office which can be held by a medical officer?

Those who urge that dentistry is a part of medicine are usually oblivious of these openly contradictory positions. If dentistry is to be considered as a part of medicine in military life in order to preserve certain aspects of medicomilitary authority and tradition, then, to be consistent, the same recognition must be extended in civil life. All dentists in the services must have all of the rights of physicians. Until this is the case, dentistry will consider this argument as an ill-advised gesture, not directed toward the interests of health or toward the maintenance of amicable professional relations, but toward the preservation of certain privileges that can be harmful to both. . . .

The lack of autonomy manifests itself in many ways, some important and others less so. All division chiefs or department heads, to give a simple example, go to the executive officer to obtain leave of absence. The dental officer, because of present arbitrary condi-

tions, must go to the medical officer and the executive officer for approval. It is difficult to see wherein the value of such discriminatory practices lies, or why, if they are admittedly discriminatory and valueless, they are not ended at once.

#### COOPERATION BETWEEN THE PROFESSIONS

It is unfortunately true that some of these conditions have given rise to misunderstanding and, in the stress of the times, have engendered ruffled feelings between the medical and the dental profession. To offset this, however, it should be remembered that, in the past few decades, there has been a close and sympathetic relationship between the two professions and that cooperation in the interest of the patient has been almost universal.

This cooperation has been built up not only out of a genuine understanding of common problems, but also out of the scientific facts that tie the professions closely together in their service of the public. It is common knowledge that many dental operations cannot be performed intelligently and effectively without some knowledge of the patient's physical condition and that this can best be supplied by a physician. On the other hand, it is also impossible to administer to all human ailments successfully without a knowledge of dental and oral conditions. The dentist, therefore, must rely on the physician for certain services essential to good practice, and the physician, in turn, must rely similarly on the dentist.

In the opinion of the Committee on Legislation, these forms of cooperation between the professions are generally accepted in civil life. There is an apparent unwillingness of high military officials to recognize this practical cooperation in civil life as an essential adjunct to military life. In addition, these high officials are not always aware that this cooperation is impaired or destroyed, for whatever reasons, by needless regulation or discrimination in certain phases of military practice.

If the relationship between the professions in civil life could be carried over, without substantial change, into military service, there would be less misunderstanding and present problems would be diminished. The Committee on Legislation does not believe that there is any real difficulty in carrying over this relationship, provided certain military officials are not unwilling to recognize

its value and to take the necessary steps to secure and maintain it.

#### EFFORTS OF THE AMERICAN DENTAL ASSOCIATION

The Committee on Legislation and other officials and committees of the American Dental Association have been at work on these problems. Every effort has been made to secure correction of any difficulty through the action of the department concerned. When this is not successful, opportunity for Congressional action is sought. Those familiar with the legislative process in the federal government will realize that this is a time-consuming project. Comprehensive studies must be made and all suggestions evaluated before a plan of action is finally devised. This must then be supported by outstanding dentists from both civil and military life, and by dentists at large as well, before it achieves a reasonable chance of passage by Congress.

In order to advance this policy, the Committee on Legislation, prior to the meeting in Cincinnati in October, informed all members through dental publications that a meeting would be held to consider various legislative problems. Criticism and suggestions were invited and made. Through this procedure, the committee hoped to forestall injudicious comment and uninformed criticism, which react disadvantageously to the position of the American Dental Association in these important matters. Yet such comments and criticism have been made, and, because they were based on misinterpretation and misconception, the chances of securing better regulation or legislation may be jeopardized. There is ample room for honest criticism and difference of opinion, but the committee cannot look with favor upon ill-advised statements that seek a momentary triumph for the few at the cost of eventual success for the many.

#### THE RECORD OF THE AMERICAN DENTAL ASSOCIATION

In order to stress the importance of the long-range program, as compared to the merely temporary or expedient, let us consider the achievements that have already been made.

In the First World War, many dentists served in the line, and dentistry had no standing as a profession in the selective service methods of that day. At the beginning of the Second World War, a similar condition prevailed. Through extensive efforts on the part of the War Service Committee and of the Committee on Legislation of the

American Dental Association, a suitable status was secured for dentists under the Selective Service regulations. The profession of law has not been able to obtain this consideration for its members, and many of its members are serving in the line as non-commissioned officers. Dentists, on the other hand, who have the necessary qualifications are taken into the services as officers before, or even after, they have been drafted.

The report of the Surgeon General for 1917-1918 shows that, in the American Expeditionary Forces alone, there were more than 2,000 dentists and dental students who were not commissioned. The record also shows that the Dental Corps was closed for commissions September 18, 1917 and was not opened again until October 3, 1918. The corps was closed again November 9, 1918.

Under the present Selective Service Act, about 200 dentists were taken into the armed forces as enlisted men and, of this number, 190 have been commissioned to date. In addition, the dental students of all of the dental schools, as well as those who have signified their intention of studying dentistry, have been given a definite status with the Army and Navy so that their education may be continued. Upon graduation, they will be taken into the services as commissioned officers.

These facts are in the record. The improvement in professional status for dentists in this war as compared to the last cannot be gainsaid, and much of it is due to the work of committees in the American Dental Association, who have been untiring in their presentation of the position and views of the members of the profession. . . .

#### THE NAVY DENTAL CORPS

For many years, efforts have been made to secure the rank of rear admiral for the chief of the Navy Dental Corps. These efforts met with the opposition of the entire Navy Department and they were not aided by the appearance of any officer of the Dental Corps at the legislative hearings. Yet, in spite of these difficulties, the bill to provide a rear admiral was passed by Congress. With this permanent rank secured for the head of the Naval Dental Corps, the failure of the Bureau of Medicine and Surgery to make provision for an assistant surgeon general as dental director in the Office of the Surgeon General has placed the bureau in an indefensible position so far as the rights of dentistry are concerned.

The bill passed by Congress created the permanent rank of rear admiral in the Naval

Dental Corps. It was understood among the members of Congress who aided the passage of this bill that a rear admiral would be appointed and placed in the Bureau of Medicine and Surgery. The members of the Navy Department who attempted to defeat the bill centered all of their criticism on this one point. They argued about the difficulties that might be created if a dentist of the rank of rear admiral were to serve in the Bureau of Medicine and Surgery while there was in the bureau an assistant surgeon general with the rank of captain. Such arguments did not cease even after the assistant surgeon general had been promoted to the rank of rear admiral, this nullifying the original contention. The argument then turned around the point that the assistant surgeon general's appointment was temporary while that of the dental rear admiral was permanent. The opponents of the bill also conveniently lost sight of the fact that, while they were disputing dentistry's claim, the very condition of which they complained existed in regard to medicine: two medical officers in the grade of rear admiral were serving under an assistant surgeon general at the bureau.

All of this was obvious evidence that the Navy Department did not want a dental rear admiral in the Bureau of Medicine and Surgery because he was a dental officer, and not because of the jurisdictional difficulties they cited. The members of Congress who aided in passage of the bill, however, expected the new dental rear admiral to be assigned to the Bureau of Medicine and Surgery to administer dental affairs. The members of the American Dental Association had similar expectations.

After his appointment, the rear admiral was sent to an inconspicuous assignment. When the attention of the Surgeon General was called to this disappointment, it was explained to the chairman of the Committee on Legislation, who had protested the assignment, that this was only a temporary matter calculated to provide indoctrination for future work. Immediately thereafter, Rear Admiral Lyle was named inspector of dental activities, which placed him in a position of great service. He now has the opportunity to visit stations all over the country and, because of his rank, is able to make suggestions that will be met receptively. Already he has mediated the correction of many irregularities in various Naval installations. The dental Rear Admiral is now also in a position to visit the different war theaters and to take his findings directly to the Surgeon General.

In the Navy, at the present time, dentistry has parity in appointments and promotions. The Surgeon General is especially friendly to the profession and has been cooperative at all times.

Two rear admirals are now on active duty with the Naval Dental Corps: Rear Adm. A. Lyle, recently appointed to that rank by act of Congress, and Rear Admiral Mack, retired, who has now returned to active duty as district dental officer of the Twelfth Naval District.

Potential opportunities do exist at the present time for misunderstanding in fields quite remote from the sphere of the Surgeon General. Such controversies are not always carried to the highest authorities. Another point of discrepancy is the ratio of medical men in the rank of rear admiral to the dental officers in the same grade. The Medical Corps now has eighteen officers of the rank of rear admiral; the Dental Corps has two. In the opinion of the Committee on Legislation, this unfavorable ratio can be partially redressed by the appointment of dental officers as inspectors in the grade of rear admiral.

In the Navy Dental Corps, dental officers do have the same authority (in regulations 1920) as other staff officers, but they are never in a position to administer their own affairs. This paragraph of the regulations is misleading since, under present conditions, the dental officer can never be the head of a medical department. In effect, therefore, the dental officer is always in a position subordinate to that of the medical officer holding that appointment.

The Dental Division in the office of the Surgeon General may advise concerning appointments, promotions and supplies. The criticism offered by the dental profession on this point is that this procedure is possible only by permission of the Surgeon General and not by adopted regulation. Some plan of approach must be devised whereby a dental officer, through his commanding officer, may approach a dental director representing the Surgeon General without going through subordinate medical officers. Such a change will have the necessary result and the Committee on Legislation is actively engaged in having this change made.

It has been hoped that the Surgeon General of the Navy would authorize this change by a revision of departmental procedure in order to avoid Congressional inquiry and action. This opportunity, however, has not been taken, and considerable time has al-

ready elapsed. If departmental revisions are not available for the correction of irregularities, the Committee on Legislation will feel impelled to employ a higher authority in order to secure the needed changes.

#### THE ARMY DENTAL CORPS

Members of the Committee on Legislation and officials of the American Dental Association have made many visits to the Army and to the Surgeon General of the Army. In these discussions, the former Surgeon General was unwilling to make any changes in the Dental Corps, stating that the corps had all of the representation in the higher brackets to which it was entitled. Because of this attitude, two bills were introduced into Congress to bring about the appointment of higher ranking dental officers in order to correct injustices. When these bills were introduced, the authors of the bills, Senator Hill and Representative Sparkman, went directly to the Surgeon General and the Secretary of War and informed them that if changes were not made, the bills would be urged to passage. This action had a very telling effect, and when the new Surgeon General was appointed, the chairman of the Committee on Legislation called upon him. The Surgeon General was of the opinion that there was no position of responsibility open to dentists that would justify the appointment of a brigadier general or of a major general. Because he is a man of great integrity, ability and understanding, however, the Surgeon General realized the advantage in giving the Dental Corps as much self-direction as possible and filling the responsible positions with men of the necessary rank.

The present Surgeon General, therefore, recommended the appointment of a major general for the Dental Corps. The appointment of brigadier generals in theaters where there is sufficient responsibility is now receiving his careful attention, and the committee is confident that the appointments will be made. The Surgeon General has promised the recommendation in two instances, possibly three. He has made many changes in the department, providing the same opportunity to medical and dental first lieutenants in their promotion to the rank of captain. He has been very cooperative with the members of the Dental Corps and stated that beneficial changes will be made.

With such cooperation, the Committee on Legislation will grant every opportunity for the correction of inadequacies by the department itself before seeking correction by

legislation. The Surgeon General of the Army and the chief of the Army Dental Corps are in agreement that no legislation should be sought at the present time. The committee is satisfied to place this responsibility for adjustments in their hands.

The matter of promotion in the Army Dental Corps is not entirely in the hands of the Surgeon General. Recommendations for promotion must originate in the service command to which the officer is attached, and these recommendations must then be approved by the Secretary of War. This procedure provides a strong argument for the operation of the Dental Corps as a department similar to the Medical Department, so that there will be direct supervision only by the Surgeon General. . . .

#### CONCLUSIONS

From some quarters, there is an insistent demand for a separate dental corps. Since the work of the Medical Corps and that of the Dental Corps is so closely allied, it is felt by those who have made close study of the problem that a complete separation of the Dental Corps from the Medical Department in both the Army and the Navy would hinder the effectiveness of both corps. It is clear, however, that the welfare of the Dental Corps would be improved by autonomy.

There has been some confusion about the definition of the terms "autonomy" and "the complete separation of the Medical and Dental Corps." The Dental Corps in both the Army and the Navy are already separate corps, but are under the jurisdiction of their respective medical departments. The chairman of the committee believes that what is sought is a separate department for the Dental Corps under the direction of a surgeon general. This parallels the situation that now obtains in medicine. . . .

#### LEGISLATION SOUGHT

Since this article was published a bill has been introduced into the House of Representatives by Mr. L. Mendel Rivers of South Carolina which has the endorsement of the Legislative Committee. Its text follows:

*A bill to provide more efficient dental care for the personnel of the United States Navy.*

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, that (1) the Secretary of the Navy be authorized and directed, not later than sixty days after this act becomes law, to establish a Dental Department in the Navy, which shall function under the Surgeon General as is now provided in the case of the Medical Department.

(Continued on page 28)



# NEWS OF THE BRANCHES

## KENWOOD-HYDE PARK

The next Kenwood meeting will be held on Tuesday, April 4, at the Del Prado Hotel. Dr. Stanley Clark will discuss and demonstrate the practical use of sulfa drugs in the practice of dentistry. The meeting promises to be one of unusual interest. Demonstrations will be presented by Warren R. Schram, Russell G. Boothe, Sylvester S. Metcalf, Earl T. Enright, and Herbert M. Phillips, Jr. At 6:30 William R. Eberle will give a clinic on Zonite and R. M. Morange will discuss A B C and D vitamins, their indications and dosage. Sylvester Cotter, the writer of the Kenwood Column in the last issue, presented a \$64.00 question. Your correspondent desires to raise the ante for this week and wishes to amplify the question by stating that the question for the column this week is: "What in the h—l is the idea of staying away from Kenwood meetings?" Your program committee, under the able and enthusiastic guidance of Fred Gethro, has provided a fine program for the April meeting. Drop over and get behind our old friend President Meth and make it a real meeting . . . News items are scarce these days . . . Ernie Borgerding is in San Diego with the fleet Marines. Ernie reports that the training is severe and indicates that he is in the pink of condition . . . Lester Boyd attended the Milwaukee meeting last week . . . Remember the Kenwood-Hyde Park meeting on Tuesday, April 4.—*Howard E. Strange, Branch Correspondent.*

## NORTH SIDE

The poet speaks of the uncertain glories of an April day, which now shows all the beauty of the sun, when along comes a cloud and spoils everything. But at least we can contemplate a stroll along grassy ways or perhaps get in a golf game before the month is over . . . The

dental profession seems to be in a state of repose or inaction since the Midwinter Meeting. If you ask for news the answer is, "nothing to report." Let's come out of it . . . The bowling club goes merrily along. Last week our boss, Bill Young, "got on the beam" for one of his highest games of the season, which made him happy . . . Ernie Price fell on the icy pavement, February 17, suffering a broken leg. He is not yet able to be back at the chair but is out of the hospital and at home convalescing . . . Eddie Long, after two months in Florida, is back on the job feeling that life is again worth while . . . Along with many others Maurice Horan has been stranded in Florida. At the last report he had not returned . . . Roy Schulz and wife spent a month in Hot Springs, Arkansas. Hiring a car they drove around the countryside from time to time, and many afternoons watched the ponies run . . . Augustus Mueller, clinic chairman, says our April 3rd meeting will be given over to commercial clinics. This will be highly interesting and instructive . . . Also at the meeting the new officers will be elected and installed. Come out and let's give them a hand.—*Z. D. Ford, Branch Correspondent.*

## NORTH SUBURBAN

Our second meeting of the year at the Orrington Hotel on Tuesday, March 13, was formally opened by President Jim Fonda. As the gavel was sounding taps on the business session the boys were squirming in their seats in antsy anticipation of what lay ahead. And rightfully so, because too few men are availed the opportunity of hearing, first hand, one of our profession's most illustrious members. As teacher, researcher and friend Isaac Schour has few peers. His presentations (and they are legion) are orderly, lucid, educational and invariably smack of logic; and this one was no exception.



The topic, one of the hottest on the research griddle at the moment, was "The Role of Fluorides in Dental Caries." After an appropriate introduction by Bill Murray, the program chairman, Dr. Schour poured it to the listeners with a tommy-gun tempo which is characteristic of the man. Words, phrases, clauses, and technical terminology were sprayed in all directions with such rapidity that the audience was held spellbound. After a brief review of fluorosis history, the histological findings on enamel and dentine of experimental animals and humans was portrayed by an excellent series of slides. The world's endemic areas were shown, and it was interesting to see how those areas had grown over the past twenty years. Résumés of the experimental work done by all of the investigators were reviewed and compared; and it was generally agreed that fluorosis was responsible for the immunity to dental caries. Words of caution were injected throughout the entire discourse because the effects of fluorides on the organs and other parts of the body are as yet unknown. A ray of hope was given, however, but it would come only after an exhaustive study of the whole problem. Three methods of application seemed to be agreed upon, if and when the experimental work beckoned the green light. These are: fluorine in proper concentration in the water supply; fluorides in food (bone-meal as an example); and topical application of fluoride preparations by the dentist. Remember that the red light is still on in any type of fluoride therapy; and any nostrum in this field should be investigated thoroughly before subjecting your patient and yourself to irreparable physical, mental and financial damages. We, of North Suburban, are grateful to you, Dr. Schour . . . The nominating committee presented the following slate of officers and directors for the coming year: President, William Murray; Vice-President, Arthur Leaf; Secretary, James Pearce; Treasurer, Leland Johnson and Board of Directors James Fonda. Director to the Chicago Dental Society, Edwin Baumann. These

nominees will be voted on at the last meeting of this year which will be held at the same time and place on Monday, April 10, 1944. This meeting is only a week away so mark your calendars now before you forget. (Here, you may use my pen if you don't have one handy.) . . . The officers and members of North Suburban express their sympathy to Sam Pett whose father died recently in Utah . . . Roy Schulze is combing beaches in Florida as is his custom at this time of the year . . . Lt. Fred Rusch, after completing the desert course in the west, spent a few days visiting his father, Bill Rusch. Fred said that the dentist in the front lines will virtually be a one-man first-aid station with or without accouterments, depending on the immediate situation . . . Chet Thorsen has taken his sinus and asthma to Hot Springs for repairs . . . Recent reports indicate strongly that a certain scribe from West Suburban has very accommodating neighbors. It must be lovely to live in such a lovely neighborhood!—*Frederick T. Barich, Branch Correspondent.*

#### NORTHWEST

I am being challenged today to write a column. There are many ways to do this: Ordinarily I search in the drawer where I keep little notes gathered here and there from the boys, then this information is rewritten on a large piece of paper, assembled in good order with careful attention to form. I have now performed the above ritual but—the little pieces of paper are missing, all except one that says—Glenn Cartwright has been sick with a touch of intestinal "flu"—If he were to write this about someone he would say they had a case of the "Crab-apple two-step" . . . Dan Klein and Frank Biedka attended the square table last Thursday—back from one convention and talking about going to another at Milwaukee next Wednesday. The only thing that gets the boys down on these convention jaunts is the food—Frank, it seems, can't eat fish twice a week . . . Our good neighbor and pres-

ent treasurer of the Chicago Dental Society, Joe Zielinski, has been nominated for president-elect . . . We are proud to again furnish so able a man from our corner of the city for this office . . . Peter DeBoer, when at home, can be found basking in the basement, surrounded by his favorite wood—knotty pine.—*Folmer Nymark, Branch Correspondent.*

#### SOUTH SUBURBAN

The members of South Suburban are finally going to have the program they have been hearing so much about and waiting for so long. Our essayist at the April 4 meeting is to be Dr. Stanley Tylman, well known speaker, teacher, and traveler. His topic will be "Facial Prosthesis and Resilient Resins." He will show the movies of his South American Tour. Both of these subjects are especially interesting to all of us and the latter should be entertaining as well as educational. From reports coming to us, Dr. Tylman had himself quite a time down in the land of our South American neighbors. Maybe some of the boys can pick up a few of the inside pointers on just how the Rhumba is done. At the same meeting there will be the annual election of officers. We are looking forward to a very large attendance . . . Oh yes, the dinner is something all of you will really smack your lips about . . . Mike Hughes left us on St. Patrick's Day for a two week trip down to New Orleans. It seems that the effort he expended in securing Dr. Tylman as our speaker has so worn Mike down that he feels in need of a rest. If New Orleans keeps Mike on the go as much as it did me—he will need another vacation when he gets back . . . G. A. Stevenson recently returned from a flying trip out West where his son was the proud recipient of a pair of silver wings. To make the occasion more eventful, young Stevenson betook unto himself a wife. The new Mrs. is a Harvey girl . . . Saw A. W. Brookstra at the Midwinter Meeting, and he told of his plans to

spend the month of March sunning and fishing at Lake Worth, Florida. It's darn convenient having those bum legs as a good excuse to get away. We are looking forward to those tall fish stories Brook always tells when he gets back. That's all for now . . . See you all at the April meeting.—*Herman Gornstein, Branch Correspondent.*

#### WEST SIDE

One of the highlights of the March 14 meeting of the West Side Branch, held at the Midwest Athletic Club, was an excellent steak dinner. Originally scheduled for Grootchen's, to Ed Rus goes all the credit for securing the Midwest on short order . . . Michael DeRose presided in Leo Cahill's absence . . . The following officers were elected for the ensuing year: President, George F. Vogt; Vice-President, H. E. Gillogly; Secretary, Louis Postilion; Treasurer, J. S. Vission; Librarian, F. J. Kropik, and Branch Director, Leo J. Cahill . . . Program Chairman Louis Postilion then introduced the speaker, Dr. Howard Miller. His subject, "Exodontia" was followed by a question period. The entire discussion was enjoyed and appreciated by all who attended . . . Max Chubin, en route to Chicago on a ten day leave, relates that he had a six hour stopover in Washington. Wishing to see the House in session, he asked an elderly man where a pass could be obtained. The man placed his hand on Max's shoulder and replied, "I'll take you there, Lieutenant." The white haired gentleman was Speaker of the House, Sam Rayburn . . . Ben Block entered the Service February 12, and is stationed at Camp Edwards, Massachusetts . . . S. Z. Lieberman writes that army life at Fort McClellan, Alabama, is not bad . . . Hope Lt. Alfred G. Berley, U.S.N.R., sees this. His mother called me stating all his letters reached her. A. G. B. has been on the move in the vicinity of the Marshall Islands . . . Art Tessler writes from the Gilbert's that he is an expert rummy player. He thanks A. J. Sells and

J. S. Vission for his cardboard education . . . Harry Weinfeld's son, Edward, attending Northwestern Medical School, is a member of the A. S. T. Corps . . . Ben Solomon stationed at Jefferson Barracks, Missouri, likes army life . . . Spring is in the air: W. A. Whittaker finally moved to the Bank Building at 4010 Madison. A. F. Stark, formerly at Oakley and Madison also is locating in the same building. L. J. Kramer has moved to 3802 Roosevelt Road . . . George Vogt received a card from Leo Cahill in Miami, Florida. Leo states that he is so busy having a good time that he has had no time to rest. Said also that he hoped to visit James Guerrero, who is vacationing in Hollywood, Florida . . . George Vogt informs me that V. P. Vivirito is in charge of the Children's Division of the Chicago Welfare Administration and is not chief of the Dental Examining Unit as reported in this column in the March 1 and 15 issues. Ray J. Sauer is the chief and apologies are extended . . . April 11 marks the final meeting of a most successful year. Installation of the new officers will take place. There will be an old fashioned jamboree with plenty of sandwiches and liquid refreshments. Be sure to attend . . . Sam Rakow, chairman of the branch Scrap Drive Committee, wishes to remind members to bring all broken instruments, rubber, etc., to the April 11 meeting. A receptacle will be provided. Help the war effort and clean up your office . . . Relay all news items to V. P. Vivirito at Haymarket 0403, who will write the next column. —S. D. Kretshmer, Assistant Branch Correspondent.

#### WEST SUBURBAN

Henry Westaby and Harry Nortell made a special trip to Great Lakes Naval Training Station to inspect the Dental Department and to go over the program for the final meeting of West Suburban branch, April 11. They were very much impressed with the entire set-up and are sure that Commander Gruenwald and

his staff will furnish a very interesting program under the title: "Prosthetics at Great Lakes." There should be a good crowd out for this meeting as there are "added attractions." Earl Crawshaw and his committee have entertainment planned for the social portion of the evening. There will be installation of officers and a good dinner, served in the style of the Oak Park Club. Reservations for the dinner must be made in advance. Dick Anderson will be glad to accept them. His office telephone number is Mansfield 9122 and Village 3054 if you wish to call him at his home . . . Congratulations to Bob Pollock who was recently installed as president of the Austin Kiwanis Club . . . These Navy dentists seem to be enjoying life: Al Ryan writes from Jacksonville, Florida, that he works from noon until four o'clock. The remainder of his time is spent in a bathing suit or on the tennis courts. Ernie Hudec writes me a series of anticipatory punk puns on sarongs and associated south sea lore as he has received his orders for the base hospital on Tutuila, Samoa Islands . . . Writing from a point of embarkation on the Pacific coast, Frank Krivanek guesses that he is headed for the land of pineapples and grass skirts. Looks as if our fellows in the service are all headed for the warmth and sunshine of the tropics—or they are too numb from the cold to let us hear from the wilds of the arctic.—*Karl von der Heydt, Branch Correspondent.*

#### ENGLEWOOD

There was a session on "Mucostatics" at the Midwinter Meeting. The word intrigued me, because it is melodious and because I didn't know what it meant. I kept my lack of understanding to myself for awhile because I was ashamed, but my curiosity got the better of me. Then I dropped my pride and asked Jim Plants for his definition. He didn't know; neither did Ben Partridge, Mike Walsh or Eddie Robbins, so finally I went to the session—and still I don't know . . . Raymond Van Dam got stuck

in Florida and couldn't get transportation back—too bad for some people who can only go one way. Is that what is meant by a one track mind? . . . Bill Shippee took sixteen boys, including his and mine, to the Boy Scout Camp—he brought fifteen safely home, including mine, and one with a broken arm, his own. They tell me his wife is *usually* pretty good natured . . . Oscar Soellner has retired from active practice . . . Al Schubert was home with a backache for a few days . . . I. G. and Mrs. Oaf are making Tennessee the spot for a few days spring vacation . . . Tom McCarthy has been in Hot Springs boiling out and getting in a little golf practice . . . Heard a worthwhile comment at the Midwinter Meeting: that the two centers of good dentistry in the United States are Chicago and Minneapolis. Does that account for the excellence of North Suburbia's Barich? . . . Lt. (j.g.) Arnold Raffel, stationed in San Diego, was home on leave from the Navy. He likes both the life and the climate . . . Harold

Clinite's brother, a lieutenant colonel in the Dental Corps, spent a few days in town at Midwinter Meeting time . . . Ray Watkins is still in the Fiji Islands . . . John Evans has answered the call to the colors, and is now working for the man with the long white whiskers. He was commissioned lieutenant (s.g.) and has reported to Norman, Oklahoma . . . Lt. (s.g.) Frank Farrell reported to Great Lakes on March 23 . . . My neighbor, Joe McSweeney, reported to the Naval Hospital in Oakland, California, on March 27 . . . Ralph Rudder is doing his medical internship at the Little Company of Mary Hospital. We all admire Ralph and wish him the best of luck; "Nothing succeeds like success" . . . Englewood's next meeting, April 11, will feature Kenneth Penhale, whom so many of us know. In addition to his D.D.S., he holds an M.D. degree, is on the Attending Staff at Cook County Hospital and is vice-president of the Chicago Society of Oral Surgeons.—*Webster Byrne, Assistant Branch Correspondent.*

## Against or Not Voting

### SENATE BILL 402

(Continued from page 9)

Nowlan, John T.	Thirty-seventh	Galva
O'Neill, Schaefer	Forty-seventh	853 McKinley, Alton
Powell, Paul	Fifty-first	Vienna
Prescott, Lyle M.	Thirty-fifth	Dixon
Robbins, Rollo R.	Thirty-second	Augusta
Robison, William	Thirty-eighth	Carlinville
Salisbury, Albert	Thirty-second	211 N. Adams St., Carthage
Samford, Leonard F.	Forty-sixth	Fairfield
Scarborough, Henry F.	Thirty-sixth	Payson
Schaumleffel, Sam	Thirty-second	Monmouth
Schuemann, Bertrand C.	Thirty-third	5411 7th Ave., Moline
Searle, Clinton	Thirty-third	735 22nd St., Rock Island
Smith, Ora	Thirty-third	Biggsville
Stanley, S. R.	Forty-eighth	Crossville
Strohm, Charles G.	Thirty-fourth	West Union
Thompson, John R.	Forty-eighth	Bridgeport
Thornton, Thomas J.	Forty-fourth	Chester
Topping, Harry L.	Twentieth	Kankakee
Upchurch, Herbert L.	Fiftieth	Benton
Walker, M. R.	Twenty-second	28 E. Raymond, Danville
White, Henry J.	Thirty-fifth	Somonauk
Wilson, Felix E.	Twenty-eighth	Clinton



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Manuscripts and news items of interest to the membership of the Society are solicited.

Forms close on the fifth and twentieth of each month. The early submission of material will insure more consideration for publication.

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Chester C. Blakeley, Chairman	1944
James J. Kohout	1945
Folmer Nymark	1946

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### LEGISLATIVE COMMITTEE REPORT

(Continued from page 21)

(2) To provide that the functions of the Dental Department shall be of such professional, technical, and administrative nature as pertain to the conduct of the naval dental service, including cooperation with the Medical Department in all matters of mutual interest and cognizance.

(3) To provide that personnel of the Dental Department shall consist of (a) officers of the Dental Corps, one of whom shall serve as Director of Dentistry and be directly responsible to the Surgeon General for the administration of dental affairs within the Bureau of Medicine and Surgery; (b) chief warrant and

warrant officers in numbers not exceeding five per centum of the total number of officers of the Dental Corps; (c) enlisted personnel in such ratings and distribution by pay grades within the ratings and in such numbers not to exceed 166 per centum of the total number of dental officers, as may be prescribed by the Secretary of the Navy: *Provided further*, that nothing stated herein shall act to reduce the grade or rank of any person.

(4) To provide that the Director of Dentistry shall be appointed by the President from dental officers on active duty and that the Director of Dentistry shall, while so serving, have the rank of Rear Admiral.

(5) This Act to take effect immediately upon its approval by the President.

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1939	7500.00	2500.00	5000.00	4000.00	250.00	750.00
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# Take a tip from the PSYCHOLOGIST

TO MAKE OFFICE TIME MORE PRODUCTIVE

**HOW MEMORY WORKS.** Recollection is determined by depth of impression and *strength of association*. To be remembered or recalled, the past experience must be suggested by the present. (*Encyclopedia Britannica*)



**The Pycopé user always knows who her dentist is—and what he did for her!**

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Psychologists provide Memory with as many sensory impressions as possible—simply because it is easier to remember **OBJECTS** than it is **IDEAS**.

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